

CLAIMS

What is claimed is:

1. A method of operating a health care savings plan without a monthly fee by a plan owner that acts as a vendor in relation to a credit card company, comprising:

configuring the plan to serve a plurality of health care service providers who have mutually agreed to participate in the plan by providing health care services at a specified discounted price for specified services, have agreed to sign a respective plurality of uniform provider agreements that state the amount of the discounted price for the specified services and have agreed to provide identification data either in their own right as health care providers or for individual health care providers under their administrative control, which identification data will be made available to health care consumers;

entering and publishing on a data source (i) the identification data provided by the health care providers (ii) the savings available for various treatment and medication types under the plan, (iii) a specific example of a billing of health care service under the plan showing the regular price for a particular health care service, the discounted price for that health care service, a savings difference saved under the plan, a service fee percentage, an administrative charge debit charged by the plan calculated by applying the service fee percentage to the savings difference, the specific examples serving to highlight how a consumer who uses the plan saves the savings difference less the administrative charge debit, (iv) a statement asserting an absence of any monthly fees,

premiums, co-payments or claim forms, and (v) a membership enrollment kit to join the plan, said data source operated and supported by a computer of the plan, said administrative charge debit arrived at by applying a service fee percentage to the savings difference;

updating the data as changes in a status of any of the plurality of health care providers occur,

issuing a health care savings plan card to each health care consumer who has agreed to participate in the plan; and

implementing the plan so that for each provision of health care services,

(a) a health care consumer accesses the data and selects a health care provider;

(b) the health care consumer presents a health care savings plan card to the selected health care provider and receives a treatment type of health care services from that health care provider;

(c) the health care provider electronically transmits an invoice for health care services provided by the health care provider to the computer of the plan owner for the treatment type of health care services provided to the health care consumer;

(d) the plan owner electronically transmits a debit to the credit card company of the health care consumer for the treatment type of health care services at the regular price;

(e) the plan owner electronically transmits a credit to the credit card company of the health care consumer, said credit representing a savings difference minus an administrative charge debit to the credit card company of the health care consumer, said saving difference being a difference between the regular price for said treatment type of health care services and the discounted price for said treatment type of health care services, said administrative charge debit representing a

service fee percentage applied by the plan owner to the savings difference;

(f) the health care consumer pays to the credit card company a sum equal to the debit less the credit;

(g) the credit card company pays to the plan owner the sum of the debit less the credit, said sum being further reduced by a credit card fee; and

(h) the plan owner pays the health care provider entity the discounted price for said health care services and retains the administrative charge debit.

2. The method of claim 1, wherein the data source is a web site connected to and accessible by a health care consumer through a global communications network.

3. The method of claim 1, wherein the data source is a computer operated by a human who upon oral request from a health care consumer searches and retrieves data from said data source and provides said data to the health care consumer.

4. The method of claim 2, wherein a pool of health care service providers participating in the plan includes physicians, dentists, optometrists, opticians and ancillary medical care personnel.

5. The method of claim 2, wherein for health care service providers who are pharmacists the step of entering and publishing does not include a specific example of a billing of health care service under the plan.

6. The method of claim 2, wherein the service fee percentage is between approximately 25% and approximately 33%.

7. The method of claim 1, wherein the specified discounted price is uniform for a particular geographic area.

8. The method of claim 1, wherein the service fee percentage is between approximately 25% and approximately 33%.

9. A method of operating a health care savings plan without a monthly fee by a plan owner that acts as a vendor in relation to a credit card company, comprising:

configuring the plan to serve a plurality of health care service providers who have mutually agreed to participate in the plan by providing health care services at a specified discounted price for specified services, have agreed to sign a respective plurality of uniform provider agreements that state the amount of the discounted price for the specified services and have agreed to provide identification data either in their own right as health care providers or for individual health care providers under their administrative control, which identification data will be made available to health care consumers;

entering and publishing on a web site connected to and accessible through a global communications network (i) the identification data provided by the health care providers (ii) the savings available for various treatment and medication types under the plan, (iii) a specific

example of a billing of health care service under the plan showing the regular price for a particular health care service, the discounted price for that health care service, a savings difference saved under the plan, a service fee percentage, an administrative charge debit charged by the plan calculated by applying the service fee percentage to the savings difference, the specific examples serving to highlight how a consumer who uses the plan saves the savings difference less the administrative charge debit, (iv) a statement asserting an absence of any monthly fees, premiums, co-payments or claim forms, and (v) a membership enrollment kit to join the plan, said web site operated and supported by a computer of the plan, said administrative charge debit arrived at by applying a service fee percentage to the savings difference;

updating the data as changes in a status of any of the plurality of health care providers occur,

issuing a health care savings plan card to each health care consumer who has agreed to participate in the plan; and

implementing the plan so that for each provision of health care services,

(a) a health care consumer accesses the data and selects a health care provider;

(b) the health care consumer presents a health care savings plan card to the selected health care provider and receives a treatment type of health care services from that health care provider;

(c) while the health care consumer is at the office of the health care provider the health care provider electronically transmits an invoice for the treatment type of health care services provided by the health care provider to the computer of the plan owner for the treatment type of health care services provided to the health care consumer; said invoice including a provider

identification number, a member identification number, a date of service, a procedure code for the treatment type and an amount of the regular price of the health care provider for the treatment type, said computer of the plan owner having stored therein a database including data concerning health care consumers, health care providers and fee schedules,

(d) the computer of the plan owner searches a database of credit card data for the health care consumer to determine if a credit card account of the health care consumer has in it an amount at least equal to the regular price of the health care provider for the treatment type, wherein if the determination is affirmative the computer, calculates a savings difference, a credit, and an administrative charge debit and issues an authorization number to the health care provider and if the determination is negative the computer advises the health care provider so that the health care provider can request payment by cash,

(e) the plan owner electronically transmits a debit to the credit card company of the health care consumer for the treatment type of health care services at the regular price;

(f) the plan owner electronically transmits a credit to the credit card company of the health care consumer, said credit representing a savings difference minus an administrative charge debit to the credit card company of the health care consumer, said saving difference being a difference between the regular price for said treatment type of health care services and the discounted price for said health care services, said administrative charge debit representing a service fee percentage applied by the plan owner to the savings difference;

(g) the health care consumer pays to the credit card company a sum equal to the debit less the credit;

(h) the credit card company pays to the plan owner the sum of the debit less the credit, said sum being further reduced by a credit card fee; and

(i) the plan owner pays the health care provider entity the discounted price for said treatment type of health care services and retains the administrative charge debit.

10. The method of claim 9, wherein the data source is a web site connected to and accessible by a health care consumer through a global communications network.

11. The method of claim 9, wherein the data source is a computer operated by a human who upon oral request from a health care consumer searches and retrieves data from said data source and provides said data to the health care consumer.

12. The method of claim 9, wherein a pool of health care service providers participating in the plan includes physicians, dentists, optometrists, opticians and ancillary medical care personnel.

13. The method of claim 9, wherein for health care service providers who are pharmacists the step of entering and publishing does not include a specific example of a billing of health care service under the plan.

14. The method of claim 9, wherein the service fee percentage is between approximately

25% and approximately 33%.

15. The method of claim 8, wherein the specified discounted price is uniform for a particular geographic area.

16. The method of claim 8, wherein the service fee percentage is between approximately 25% and approximately 33%.